

RURAL HEALTH CLINIC (RHC) BULLETIN
(INDEPENDENT)
Vol. 23, No. 2
April 16, 2001



Missouri

MEDICAID



Bulletin

INDEX

PAGE

MEDICAID AND MC+ ELIGIBILITY	2
MC+ MANAGED CARE HEALTH PLANS	2
DEFINITION OF RHC VISIT	2
MULTIPLE ENCOUNTERS	3
PROGRAM LIMITATIONS	3
VACCINE FOR CHILDREN (VFC) PROGRAM	4
IMMUNIZATIONS GIVEN OUTSIDE OF VFC GUIDELINES	4
SAFE/CARE EXAMINATIONS	4
LABORATORY SERVICES	5
HCFA 1450 UB-92 CLAIM FORM	5
ATTACHMENT I - CLAIM FILING INSTRUCTIONS	
ATTACHMENT II - HCY MEDICAL SCREENING CODES	

MEDICAID AND MC+ ELIGIBILITY

All eligible individuals receive either a Medicaid identification card or an MC+ identification card. MC+ refers to the statewide medical assistance program for low income pregnant women, children and uninsured parents. MC+ recipients receive their care through either the fee-for-service delivery system or the managed care delivery system, depending on where the individual resides. Individuals enrolled with a managed care health plan also receive a plan identification card from the health plan.

Each time service is provided, the recipient's eligibility should be verified. Providers can verify eligibility by using a Point-of-Service (POS) terminal or by calling the Interactive Voice Response (IVR) at 1-800-392-0938. No payment will be made for services provided on a date when the patient is not eligible. Refer to Section 1 of the Physician Manual, Recipient Conditions of Participation, for a full description of eligibility for the Medicaid and MC+ programs, ME codes, and third party insurance coverage.

MC+ MANAGED CARE HEALTH PLANS

MC+ managed care health plans provide RHC services as a benefit to their enrollees. Providers should contact the health plan for their program policies. The information contained in this bulletin refers to services provided on a fee-for-service basis.

DEFINITION OF RHC VISIT

An RHC visit is a face-to-face encounter between a patient and a core service provider in order to receive medically necessary services such as lab services, x-ray services (including ultrasound and EKG), medical services, HCY services, family planning services, and prenatal services. Core service providers include physicians, nurse practitioners, nurse midwives, physician assistants, licensed clinical social workers, or clinical psychologists. An Independent RHC's encounter rate (procedure code Z7000) covers the recipient's visit to the clinic, including all services and supplies incident to such visit.

Non-billable encounters between a patient and non-core service provider include, but are not limited to, administering injections only, blood pressure check only, and TB skin testing. Non-core service providers include LPNs, RNs, and non-licensed office staff.

MULTIPLE ENCOUNTERS

Contacts with one or more core service providers and multiple contacts with the same core service provider that take place on the same day at a single location constitute a single encounter unless the patient later suffers illness or injury requiring additional diagnosis or treatment. If it becomes necessary to provide services on the same date which constitute a separate encounter, a Medical Necessity Form must be attached to the claim form. Instructions for reporting multiple encounters are shown in field 46 on page 5 of the claim filing instructions included with this bulletin.

PROGRAM LIMITATIONS

RHC core service providers are subject to the same benefit limitations and coverage restrictions that apply to services provided by non-RHC providers enrolled with Missouri Medicaid. Services that require attachments cannot be filed electronically and must be submitted as paper claims. Claims submitted without the appropriate attachment(s) are subject to denial or recoupment by the Surveillance and Utilization Review Unit, Division of Medical Services (DMS).

Please refer to the program provider manuals for program limitations for specific services. The manuals are available at the DMS web site www.dss.state.mo.us/dms.

VACCINE FOR CHILDREN (VFC) PROGRAM

Medicaid requires providers who administer vaccines to qualified Medicaid eligible children to enroll in the Vaccine For Children (VFC) Program. The VFC Program is administered by the Department of Health (DOH). Providers must contact the Department of Health (DOH) at the following address or telephone number to enroll:

Missouri Department of Health
Section of Vaccine - Preventable and
Tuberculosis Disease Elimination
Jefferson City, MO 65102
800/219-3224
FAX: (573) 526-5220

The vaccine is available at no cost to providers for Medicaid eligible children ages 0 through 18 years. Independent RHCs may bill procedure code Z7000 for the encounter but *may not* bill an additional administration fee for any vaccine.

IMMUNIZATIONS GIVEN OUTSIDE OF VFC GUIDELINES

If an immunization is given to a Medicaid recipient who does not meet the VFC guidelines, use the standard procedure for billing injections. Independent RHCs should bill the encounter procedure code Z7000 which includes all services rendered.

SAFE/CARE EXAMINATIONS

Sexual Assault Findings Examination (SAFE) and Child Abuse Resource Education (CARE) examinations and related laboratory studies that ascertain the likelihood of sexual or physical abuse are covered by Medicaid when performed by SAFE trained providers certified by the DOH. When applying for enrollment as a fee-for-service provider, you must attach a cover letter to the application stating that you are an approved SAFE trained provider.

SAFE/CARE examinations *may not* be billed with the RHC provider number. SAFE trained providers *must* bill for the examinations under their individual provider numbers through the Missouri Medicaid fee-for-service program. Claims submitted by RHCs for SAFE/CARE examinations are subject to denial or recoupment by the Surveillance and Utilization Review Unit, DMS.

LABORATORY SERVICES

Rural Health Clinics (RHCs) are required to provide the following basic laboratory services on-site:

- (1) Chemical examinations of urine by stick or tablet method or both (including urine ketone);
- (2) Hemoglobin or hematocrit;
- (3) Blood glucose;
- (4) Examination of stool specimens for occult blood;
- (5) Pregnancy tests; and
- (6) Primary culturing for transmittal to a certified laboratory. (This service is required for RHC certification but is not separately billable through any Missouri Medicaid program; reimbursement is included in the fee for the visit.)

These six laboratory services are waived from the Clinical Laboratory Improvement Amendments (CLIA). Independent RHCs may provide other waived laboratory services in addition to the six required services and laboratory services of a higher level of complexity if

they are CLIA certified to perform the services. All laboratory services provided in the RHC's laboratory are included in the RHC's all-inclusive payment rate (procedure code Z7000). Billing for laboratory services provided at the RHC using an individual provider or clinic number in addition to billing the encounter code is prohibited and will be recouped by the Surveillance and Utilization Review Unit, DMS.

Independent RHCs may send laboratory services beyond the six required services to an outside laboratory. The outside laboratory must bill the laboratory services through the Missouri Medicaid MC+ fee-for-service program. Laboratory services must be billed by the entity that performs the service.

HCFA 1450 UB-92 CLAIM FORM

Independent RHCs must enter encounter code Z7000 in field 44 of the UB-92 claim form in order to receive Medicaid reimbursement based on the Medicare established all-inclusive rate for each visit. In order to comply with federal guidelines and Missouri Medicaid policies, the services that comprise each visit must also be shown in fields 80 and 81 of the claim form. Refer to the claim filing instructions included with this bulletin for specific information regarding the following:

Healthy Children and Youth (HCY) Program (ages 0 through 20 years): The federal government requires detailed reporting of screening and referral in the HCY Program (also referred to as the EPSDT Program). Fields 24-30, 44, 67, and 80 of the UB-92 claim filing instructions contain specific information for the reporting of these services. A list of the HCY screening codes is attached.

Preventive medicine procedure codes are used for "well child" examinations performed outside the HCY periodicity schedule when the reason for seeing the child is not due to illness or injury. Fields 44, 67, and 80 of the UB-92 claim filing instructions contain specific information for the reporting of these services. A list of the preventive medicine codes is attached.

Family Planning Services: It is important to correctly identify family planning procedures on the claim form to capture the federal portion of the Medicaid reimbursement for these services. Fields 24-30 and 67 of the UB-92 claim filing instructions contain specific information for the reporting of family planning services. Family planning and non-family planning services should not be reported on the same claim form.

Procedures Billed With Type of Service (TOS) 2: When a procedure that is billed with TOS 2

is performed at the RHC, the procedure code must be shown in field 80 and the encounter code Z7000 must be shown in field 44 of the UB-92 claim form. Show the RHC encounter rate in field 47.